

1940

No.

1**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

William M Tighe

Name of deceased

Katherine A  
Eanelle<sup>3</sup>  
LawesAge 77 years 10 months \_\_\_\_\_ days

Place of death

Main st

Date of death

June. 1940

Cause of death

Carcinoma of Uterus

Interment at

Rural

Date permit issued

Jan 3. 1940

Certified by

Frank J Piper

M.D.

No. \_\_\_\_\_

## BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Katherine A. Lavelle } Hayes

If a U. S. War Veteran, specify what war, organization,

etc. \_\_\_\_\_

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its terms

at RURAL CEMETERY, Southboro, Mass.

(Name of cemetery or crematory)

on January 4, 1940.

Certified by Walter M. Offutt.

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 2**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Dwain A. HarperName of deceased Catherine D. LearyAge 71 years    months    daysPlace of death Lakeview Rd., SouthardDate of death Jan. 5, 1940Cause of death Myocarditis, chs,  
Arteriosclerosis, chs,  
Carcinoma, breastInterment at St. Luke's Cemetery, SouthardDate permit issued Jan. 7 1940Certified by Roland S. Newton M.D.

No. 2**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Catherine M. Leary

If a U. S. War Veteran, specify what war, organization,

etc. \_\_\_\_\_

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. Luke's Cem., Westboro  
(Name of cemetery or crematory)on Jan. 8, 1940Certified by (Rev.) J. E. Doherty  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

4

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Summer C. GageName of deceased Caroline Lois (Ball) WilliamsAge 93 years 6 months 21 daysPlace of death Main St., SouthboroDate of death 2-10-40Cause of death Coronary Occlusion of heartArterio SclerosisInterment at Rural Cemetery - SouthboroDate permit issued 2-12-40Certified by C. W. Smith

M.D.

No. 4**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Caroline Lois (Ball) WilliamsIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat RURAL CEMETERY, Southboro, Mass.  
(Name of cemetery or crematory)on February 14, 1940.Certified by Walter M. O'Neill  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 5**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to William M. FighName of deceased Caroline (Entland) GouldAge 74 years  months  daysPlace of death Boston Rd SouthboroDate of death Feb 15, 1940Cause of death Coronary SclerosisInterment at Rural SouthboroDate permit issued Feb 16, 1940Certified by Walter F. Makinson M.D.

No.         **BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Caroline (Ortbank) Gould

If a U. S. War Veteran, specify what war, organization,

etc. \_\_\_\_\_

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat RURAL CEMETERY, Southboro, Mass.

(Name of cemetery or crematory)

on February 17, 1940.Certified by Walter M. Ott, Jr.

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

8

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

John J. Brown

Name of deceased

Elizabeth H. DaughanAge 72 years 3 months — days

Place of death

Latiquama Rd, Southboro

Date of death

March 8-1940

Cause of death

Broncho Pneumonia

Interment at

Rural Cemetery

Date permit issued

March 9/940

Certified by

J. Merrill Olson M.D.

No. \_\_\_\_\_

8

**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board Of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Elizabeth H. Daughan

If a U. S. War Veteran, specify what war, organization,

etc. \_\_\_\_\_

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.  
(Name of cemetery or crematory)on March 10, 1940.Certified by Walter M. Offutt.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

William M. Figh

Name of deceased

Infant Bay Barszcz

Age

years

months

days

Stillborn

Place of death

Turnpike Rd. Fayville

Date of death

Feb 27. 1940

Cause of death

Stillborn

Interment at

Rural Southern

Date permit issued

Feb 27. 1940

Certified by

Peter P. Cottone

M.D.

**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Infant Boy Barszcz

If a U. S. War Veteran, specify what war, organization,

etc. \_\_\_\_\_

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Rural Southboro, Mass.  
(Name of cemetery or crematory)on April 16, 1940Certified by Walter M. O'Neill  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to J. F. Callanan & SonName of deceased William O'BrienAge 76 years — months — daysPlace of death (Southview Rd) SouthviewDate of death March 2, 1940Cause of death Coronary SclerosisInterment at St. John's HopkinsDate permit issued March 3, 1940Certified by Walter F. Mahoney M.D.

No. \_\_\_\_\_

9

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to David Judge + SonName of deceased Hattie HumphreyAge 95 years 2 months 6 daysPlace of death Southboro Mass.Date of death March 9. 1940Cause of death Chronic MyocarditisInterment at Woodlawn (Everett Mass.)Date permit issued March 10. 1940

Certified by \_\_\_\_\_ M.D.

No. 9**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Hattie Humphrey

If a U. S. War Veteran, specify what war, organization,

etc. \_\_\_\_\_

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at THE WOODLAWN CEMETERY,  
EVERETT, MASS.  
(Name of cemetery or crematory)on MAR 12 1940Certified by JGC  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 10**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Samuel C. GageName of deceased Mrs Addie LaddAge 70 years 5 months 12 daysPlace of death Cordaville Rd., SouthboroDate of death April 1940Cause of death Myocarditis chronicInterment at Springvale Cemetery Sanford  
MaineDate permit issued April 21 1940Certified by Dr. Roland Newton M.D.

No. 13**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Albert J. LaveryName of deceased Alfreda Velvoin (Cheney) AndrewAge 76 years 11 months 21 days

Place of death

Greenville

Date of death

April 21 1940

Cause of death

Cerebral Hemorrhage

Interment at

Rural Cemetery

V

Date permit issued

April 23 1940

Certified by

H. E. Karr Greenville N.H. M.D.

No. 13**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board Of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Alfreda Velvick (Cheney) Andrews

If a U. S. War Veteran, specify what war, organization,

etc. \_\_\_\_\_

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Rural, Southboro,  
(Name of cemetery or crematory)on Aug. 23, 1940.Certified by Nalter M. Offit.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

# BURIAL PERMIT

Greenville, N.H., April 22, 1940

Permission is hereby given Albert J. Lavery  
to remove the remains of Alfreda Velroi (Cheney) Andrews  
from Greenville, N.H.  
to Southboro, Mass. for interment in

Cemetery, April 23, 1940.

Date of Death, April 21, 1940 Age, 76 years, 11 months, 21 days.

Place of Death, Greenville, N.H. No.

Street, Hubbard Road Ward,

Cause of Death, Cerebral hemorrhage

Contributing Cause, Cerebral Arterio Sclerosis

Medical Attendant, H. E. Karr, M. D.

This permit does not in any way release the undertaker, or person acting as such, from the requirements of the regulations of the State Board of Health governing the transportation of corpses, or from the rules or orders issued by the boards of health for the protection of the public against infectious and contagious diseases.

No. 4 *Henry P. Garrison* Local Registrar.

THIS CERTIFIES that the conditions of this Permit have been lawfully complied with.

*Albert J. Lavery*, Undertaker.

[over]

No. 14**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Winthrop E. RockwellName of deceased William J. LowellAge 79 years 10 months 23 daysPlace of death La Liguana StDate of death May 1, 1940Cause of death Chronic Deafness & Dementia  
myelitis 3 yearsInterment at Ridgehaven CemeteryDate permit issued May 1, 1940Certified by William H. Byrnes M.D.

No. 14**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased William J. Lowell

If a U. S. War Veteran, specify what war, organization,

etc. \_\_\_\_\_

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Ridgeland Watertown  
(Name of cemetery or crematory)on May 3 - 1940Certified by Van D Norton  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 7**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Somerville Mass.

Name of deceased \_\_\_\_\_

If a U. S. War Veteran, specify what war, organization,

etc. \_\_\_\_\_

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat St John's Cemetery  
(Name of cemetery or crematory)on May 11 1940Certified by James H. O'Brien  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

H. O. Coolson

Name of deceased

Grace B. KennedyAge 69 years 2 months 19 days

Place of death

Central St. - Fawville

Date of death

May 20, 1940

Cause of death

General arteriosclerosis &  
Diabetes Mellitus

Interment at

Piney Cemetery - Southboro

Date permit issued

May 23, 1940

Certified by

Raymond A. Johnson M.D.  
Melbros, Mass.

No. 10**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Grace M. Kennedy

If a U. S. War Veteran, specify what war, organization,

etc. \_\_\_\_\_

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.

(Name of cemetery or crematory)

on May 23, 1940.Certified by Hattie M. Offutt  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 16**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Vernon E. Morrell

Name of deceased

Denah O. FullerAge 77 years — months 11 days

Place of death

Oaks Hill Road

Date of death

June 3, 1940

Cause of death

Carcinoma of Liver

Interment at

Rural-Southboro

Date permit issued

June 4, 1940

Certified by

Gene M.D.  
ashland

No.

16**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Southboro - Mass  
(Office issuing permit)

City or Town of \_\_\_\_\_ Mass.

Name of deceased Denah O FullerIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat RURAL CEMETERY - SOUTHBORO, MASS.  
(Name of cemetery or crematory)on JUNE 6, 1940.Certified by Natalie M. Fletcher(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 17**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Irving H. HarperName of deceased Ellen J. CederholmAge 69 years 11 months 17 daysPlace of death Southboro, Mass.Date of death June 6, 1940Cause of death Myocarditis, chronic  
arthritis, chronic  
asthma, bronchialInterment at Forest Hills CrematoryDate permit issued June 6, 1940Certified by Roland S. Devlon M.D.

No. 18**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to J. J. Waterman & Sons  
Boston - MassName of deceased Florence H. BarberAge 75 years 7 months 10 daysPlace of death Cordaville Rd SouthboroDate of death July 10 - 1940Cause of death Cardiac DecompensationInterment at Rural Cem. SouthboroDate permit issued July 10 - 1940Certified by T. J. Carnicelli M.D.

No. 18**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Glorey H. BarberIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat RURAL CEMETERY, SOUTHBORO, MASS.  
(Name of cemetery or crematory)on JULY 12, 1940.Certified by Walter M. Offutt  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 19**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Walter M. Offutt

Name of deceased

(Baby) Barber

Age — years — months — days

Place of death

Southbow

Date of death

Cause of death

Interment at

Rural Cemetery

Date permit issued

July 11, 1940

Certified by

M.D.

No. 19**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Southboro Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased (Baby) Barber

If a U. S. War Veteran, specify what war, organization,

etc. \_\_\_\_\_

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Rural Cemetery, Southboro  
(Name of cemetery or crematory)on July 11, 1940Certified by Halter M. Offield  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



OFFICE OF  
**THE CEMETERY COMMISSIONERS**  
**SOUTHBOROUGH, MASSACHUSETTS**

July 11, 1940

Board of Health,  
Southboro, Mass.

Gentlemen: Attn. - Mr. James Telfer.

Will you please issue a permit to disinter,  
remove and reinter the remains of ( Baby ) Barber,  
from the Grave now occupied to a new location in  
the Barber lot.

We have received authorization for this  
transfer from the legal custodian of the remains.

Very truly yours,

THE CEMETERY COMMISSIONERS

By *Walter M. Offutt.*  
Walter M. Offutt, Supt.

No. 20**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to T. F. Callanan & Son.Name of deceased Daniel E. O'NeillAge 67 years — months — daysPlace of death Cordaville MassDate of death July 13. 1940Cause of death Coronary SclerosisInterment at St. John's - Hopkinton Mass.Date permit issued July 13. 1940Certified by William B. Clapp. M.D.  
No Grafton Mass.

No. 20**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Southboro Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Daniel E. O'Neill

If a U. S. War Veteran, specify what war, organization,

etc. \_\_\_\_\_

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat St. John's Cemetery  
(Name of cemetery or crematory)on July 15, 1940Certified by S. Anne O'Brien  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 21**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to David George SoutherName of deceased Mary L. TaylorAge 43 years 5 months 5 daysPlace of death Southboro, Mass.Date of death July 27, 1940Cause of death Bronchitis pneumonia  
Carcinoma of Breast.Interment at Adams Ctr., N. Y.Date permit issued July 30, 1940Certified by Lee G. Kendall M.D.

No. 22**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Summer C. GageName of deceased Soren Lukke JensenAge 90 years 4 months 0 daysPlace of death Newton St.Date of death August 8, 1940Cause of death ArteriosclerosisInterment at Rural CemeteryDate permit issued Aug. 8, 1940Certified by Elyde Marilee M.D.

No. \_\_\_\_\_

**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Southboro Board of Health.  
(Office issuing permit)City or Town of Southboro, Mass.Name of deceased Soren L. JensenIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat RURAL CEMETERY, SOUTHBORO, MASS.  
(Name of cemetery or crematory)on August 11, 1940.Certified by Walter M. Offutt,  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 24**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Sunus C. SageName of deceased Waldo Burnett FayAge 81 years 10 months 1 daysPlace of death Southboro Mass.Date of death Oct 16, 1940Cause of death Pulmonary EdemaInterment at Rural CemeteryDate permit issued Oct 17, 1940Certified by Hugh Tolson M.D.

No. 2-3**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board Of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Waldo Burnett LayIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.

(Name of cemetery or crematory)

on October 18, 1940.Certified by Walter W. Offutt  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1940

No. 25

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Clarence B. HuffName of deceased Carrie S. CantelloAge 85 years 9 months 29 daysPlace of death Hebron MaineDate of death Nov. 7, 1940Cause of death Coronary occlusion  
arteriosclerosis  
Interment at Rural CemeteryDate permit issued Nov. 7, 1940Certified by D.M. Stewart M.D.

## STATE OF MAINE

Form D

## BURIAL PERMIT

Leibron Me., Nov. 6, 1940  
Permission is hereby given Clarence B. Young  
to remove and bury the remains of Carrie St. Cantello  
in Cemetery, Town of Southboro Mass.  
Date of Death Nov. 7, 19. , Age 86 years 9 months 29 days  
Place of Death Leibron Ave. Street  
Cause of Death Coronary occlusion  
Arteriosclerosis

Medical Attendant H. M. Stewart  
No. 123 C. E. Johnson City or Town Clerk

(Over)

No.

24

**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Carrie S. PantelloIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Purcell Cemetery  
(Name of cemetery or crematory)on November 7, 1940Certified by Hector M. Coffey  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 26**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Sumner C. Gage

Name of deceased

Martha (Wilson) WhitehornAge 88 years 4 months 10 days

Place of death

Main Street

Date of death

Dec. 27, 1940

Cause of death

Arterio-sclerosis general

Interment at

Rural

Date permit issued

Dec. 28, 1940

Certified by

M.D.

**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Martha Wilson Whithorne

If a U. S. War Veteran, specify what war, organization,

etc. \_\_\_\_\_

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.  
(Name of cemetery or crematory)on December 29, 1940.Certified by Yelta M. Offutt.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1941

No. 1**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Wm. A.Name of deceased Clayton L. SladeAge 19 years — months — daysPlace of death (83) Windsor Pl. N.Y. CityDate of death Dec. 29. 40Cause of death AcromegalyInterment at Rural CemeteryDate permit issued January 1, 1941Certified by Otto K. Pozderna M. D.  
Windsor Pl. N.Y. City

No. 27**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Bond Of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Clayton L SladeIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.

(Name of cemetery or crematory)

on January 3, 1941.Certified by Kalter M. Offutt

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. **25757**

This permit must be handed to  
the keeper of the Cemetery or  
Crematory by the Funeral Director  
in charge of the funeral.

## DEPARTMENT OF HEALTH OF THE CITY OF NEW YORK

**BURIAL OR CREMATION PERMIT**

New York,

12/20/40

The Certificate of Death having been furnished to this Department, as required by the Sanitary Code, permission is hereby given to

to remove the remains of Clayton Lyle Shadie Aged 19 Yrs. Mo. Days,

who died at 183 Winton Rd Borough of Bronx

City of New York, on 12/19/40, from One Bronx M.D.

Cremation\* Funeral Corp., South Bronx Dec 19 1940  
For Burial\* at Accomacqy, South Mass

Cause of Death Acromegly Per 12/20/40 M.D.

\* Cross out one.

Assistant Registrar of Records.

No. 21941.

## BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

Summer C. Gage

Name of deceased

Harold W. SliversAge 43 years 5 months 27 days

Place of death

Southboro Mass.

Date of death

January 27-1941

Cause of death

Alenkemic - Leukemia

Interment at

Rural Cemetery

Date permit issued

January 29-1941

Certified by

J. Merrilee Olson. M. D.

1941No. 2**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Harold W. Stivers

If a U. S. War Veteran, specify what war, organization, etc.

World War. Navy**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.  
(Name of cemetery or crematory)on January 29, 1941Certified by Walter M. Offutt?  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1941

No. 3**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Wm. M. Tighe

Name of deceased

Mary L. FitzgeraldAge 77 years — months — days

Place of death

Southboro Mass

Date of death

January 29. 1941

Cause of death

Chronic Vascular Nephritis  
& hypertension

Interment at

Rural Cemetery

Date permit issued

January 30. 1941

Certified by

Hugh Folome. M. D.

No. \_\_\_\_\_

3

**BURIAL (OR REMOVAL) PERMIT****This Coupon to be returned immediately, properly endorsed,**to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Mary L. FitzgeraldIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.  
(Name of cemetery or crematory)on February 1, 1941.Certified by Walter M. Offutt.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 4.1941**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Irving W. HarperName of deceased John SparrowkAge 86 years 6 months 18 daysPlace of death (Southville) Southboro MassDate of death Feb. 1, 1941myocarditis, chronicArteriosclerosis, chronicCause of death BronchopneumoniaInterment at Rural CemeteryDate permit issued February 3, 1941Certified by Roland S. Newton M. D.

No. 4.**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass. Mass.Name of deceased John SparrowkIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.(Name of cemetery or crematory)on February 4, 1941.Certified by Walter M. Offutt.(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

5

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Sumner L. Gage

Name of deceased

Isabelle L. (Kinlock)onthankAge 79 years 7 months 12 days

Place of death

(Fayville) Southboro, Mass.

Date of death

Feb. 5, 1941

Cause of death

Coronary sclerosis

Interment at

Rural Cemetery

Date permit issued

Feb. 6, 1941

Certified by

Walter F. Mahoney

M. D.

No. 5**BURIAL (OR REMOVAL) PERMIT****This Coupon to be returned immediately, properly endorsed,**to Southboro Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Isabell L (Kinlock)onthankIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.  
(Name of cemetery or crematory)on February 7, 1941.Certified by Master M. Offutt.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1941

6

## BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

John J. Brown

Name of deceased

Mary J. (Reynolds) Dee

Age

68

years

11

months

—

days

Place of death

Fayville Mass.

Date of death

February 1941

Cause of death

Coronary Sclerosis

Interment at

Rural Cemetery

Date permit issued

February 12 1941

Certified by

Walter F. Mahoney

M. D.

No. 6**BURIAL (OR REMOVAL) PERMIT****This Coupon to be returned immediately, properly endorsed,**to Board of Health  
(Office issuing permit)City or Town of Southboro Mass. Mass.Name of deceased Mary J. (Reynolds) DeeIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.

(Name of cemetery or crematory)

on February 13, 1941.Certified by Walter M. Offutt  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

7

1941

## BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Richard J. DuddyName of deceased William J. CodyAge 39 years — months — daysPlace of death Queens Hospital Portland  
MainDate of death Feb 13 1941Cause of death Macrocytic AnemiaInterment at Rural CemeteryDate permit issued Feb 16. 1941Certified by Francis M. Dooley M. D.  
Portland Main

No. 7**BURIAL (OR REMOVAL) PERMIT****This Coupon to be returned immediately, properly endorsed,**to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased William J. Cody.If a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT****(To be filled in by cemetery or crematory official)**I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.  
(Name of cemetery or crematory)on February 16, 1941.Certified by Walter M. Olcott  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

STATE OF MAINE

## BURIAL PERMIT

PORTLAND

Me.,

2/13 1941

Permission is hereby given

Richard J. Wycliffe

to remove and bury the remains of

Wm. J. Cody

in

Pineal

Cemetery, Town of

Doverbush

Date of Death 2/13 1941, Age 39 years - months - days

Place of Death

Queens Hospital

Cause of Death

Medical Attendant

F. A. M. Hoadley  
H. C. Smith

No.

City or Town Clerk

(Over)

B  
No. 8  
1941**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Summer L. Gage

Name of deceased

Edward F. CollinsAge 79 years 11 months 20 days

Place of death

Latisquama Road

Date of death

April 30, 1941

Cause of death

Sudden death presumably  
coronary sclerosis,

Interment at

Rural Cemetery

Date permit issued

April 30, 1941

Certified by

Walter F. Mahony M. D.

No. 8**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Health Department  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Edward Fay CollinsIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Rural Cemetery, Southborough, Mass.

(Name of cemetery or crematory)

on May 2, 1941.Certified by Marta M. Offutt

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1941

No.

9

**BURIAL OR (REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to George CranstonName of deceased Charles F. Maynard

Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Place of death \_\_\_\_\_

Date of death \_\_\_\_\_

Cause of death \_\_\_\_\_

Interment at Roxbury Memorial R.I.

Date permit issued \_\_\_\_\_

Certified by (James Tupper) M.D.

1942

No.

33

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to George Cranston Funeral Director Welford R.D.Name of deceased W. M. Offutt Charles F. MaynardAge 66 years — months — days

Place of death \_\_\_\_\_

Date of death 1914

Cause of death \_\_\_\_\_

Interment at Quincysett Memorial Cemetery R.D.Date permit issued May 16, 1941.

Certified by \_\_\_\_\_ M. D.

No.

9

**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass. Mass.Name of deceased Charles F. MaynardIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Zuiderveld Memorial Cemetery  
(Name of cemetery or crematory)on May 17, 1941Certified by Willie J. Reynolds Jr. pt  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1941 ✓ No. 10

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

George Cranstone

Name of deceased

Frank S. Maynard

Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days \_\_\_\_\_

Place of death \_\_\_\_\_

Date of death \_\_\_\_\_

Cause of death \_\_\_\_\_

Interment at Rudresett Memorial R.D.

Date permit issued \_\_\_\_\_

Certified by \_\_\_\_\_ M. D. \_\_\_\_\_

1942

No.

31

~~BURIAL (OR REMOVAL) PERMIT~~

Stub to be retained by office issuing permit

George Cranston Funeral Director Wickford  
Issued to W.W. Offutt. R.D.

Name of deceased Frank S. Maynard

Born 1876

Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Place of death \_\_\_\_\_

Date of death 1876

Cause of death \_\_\_\_\_

Interment at Quodnessett Memorial Cemetery R.D.

Date permit issued May 16, 1941

Certified by \_\_\_\_\_ M. D.

No. 10.**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass Mass.Name of deceased Frank S. Maynard.If a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Zuidwark Memorial Cemetery  
(Name of cemetery or crematory)on May 17, 1941Certified by Wilke J. Reynolds, Supt.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1941

No.

11

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

George Granster

Name of deceased

Frank M. Maynard.

Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Place of death \_\_\_\_\_

Date of death \_\_\_\_\_

Cause of death \_\_\_\_\_

Interment at

Quincyset Memorial P. D.

Date permit issued \_\_\_\_\_

Certified by \_\_\_\_\_

M. D.

1942

No. 32**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to George Cranston Funeral Director& Walt Offutt Wiford R.S.Name of deceased Frank N. Maynard

(Born 1876)

Age 5 years    months    days

Place of death \_\_\_\_\_

Date of death 1881

Cause of death \_\_\_\_\_

Interment at Oudnessett Memorial Cemetery R.S.Date permit issued May 16, 1941.

Certified by \_\_\_\_\_ M. D.

No. 11**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass. Mass.Name of deceased Frank W. MaynardIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Quincy Hill Memorial Cemetery  
(Name of cemetery or crematory)on May 17, 1941Certified by Wiley J. Reynolds Supt  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

LAW OFFICES OF  
**TAYLOR & FOLEY**

WILLIAM H. TAYLOR  
DAVID A. FOLEY  
JEREMIAH J. SULLIVAN  
PAUL E. MURPHY  
ALFRED W. HOWES

179 SUMMER STREET  
BOSTON, MASS.

TELEPHONE LIBERTY 9240

March 19, 1941

Mr. James Telfer  
Board of Health  
Southborough, Massachusetts

Dear Jim:

According to the report of Dr. Francis M. Dooley of Portland, Maine, William J. Cody died of Macrocytic Anemia. Contributing causes of death were Chronic Cholecystitis, Splenitis, Pancreatitis and Seropurulent pleuritis.

Lawrence Misener asked me to send you this information.

Very truly yours,

*Alfred W. Howes*

RICHARD J. DUDDY  
FUNERAL DIRECTOR  
172 STATE STREET  
PORTLAND, MAINE

Mr. J. F. Callanay  
34 Church St.  
Hampshire, Mass.

March 15, 1941

Dear Sir:

Received information from City Clerk  
to-day, by William J. Ladd. The report is  
as follows:

Cronic Pan Creatitis  
and Hemosiderosis.

Autopsy = Prys-Thorax  
& Streptococcus Infection.

Thanking you again for being  
so patient. I remain  
very truly yours,

Richard J. Duddy

T. F. CALLANAN  
FUNERAL DIRECTOR AND EMBALMER  
TELEPHONE 6  
34 CHURCH STREET  
HOPKINTON, MASSACHUSETTS

March 18, 1941.

Mr. James F. Telfer,  
Southboro, Mass.

Dear Sir:

Enclosed you will find the letter which I received this morning from Portland, Maine stat Will you please write in the cause of death on the burial permit?

I received a letter February 27th saying the doctor who performed the autopsy was in the hospital very ill himself and that as soon as he was able to makes his report they would send it along.

Sorry for the delay but could not be helped.

Yours truly,

*T. F. Callanan.*



OFFICE OF  
**THE CEMETERY COMMISSIONERS**  
**SOUTHBOROUGH, MASSACHUSETTS**

December 22, 1941

Mr. James F. Telfer,  
Board of Health  
Southboro, Mass.

Following are the names and dates of the bodies removed from Rural Cemetery May 16, 1941 for re-interment in a Rhode Island cemetery.

Frank S. Maynard - 1876-1876

Frank N. Maynard - 1879-1881

Charles F. Maynard 1848-1914

A handwritten signature in blue ink that reads "H.M. Officer".

1941

No. 12**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

John J. Brown

Name of deceased

Gertrude J. Goff

Age

76

years

—

months

—

days

Place of death

Southville Rd. Southboro Mass

Date of death

May 7, 1941

Cause of death

Cerebral Hemorrhage

Interment at

Barst

Date permit issued

May 8, 1941

Certified by

W. J. Cochrane

M. D.

No. 12**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Health Dept.  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Gertrude Jane Goff.If a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.  
(Name of cemetery or crematory)on May 9, 1941Certified by Naeta M. Ottell?  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1941

No. 13**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Thomas P. Callanan & Son

Name of deceased

Margaret J. FitzgeraldAge 75 years — months 21 days

Place of death

(Cordaville) Southboro

Date of death

May 23-1941

Cause of death

Cerebral Hemorrhage

Interment at

St. Johns-Hopkinton

Date permit issued

May 25. 1941

Certified by

Walter Mahoney M. D.

No. \_\_\_\_\_

13**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass. Mass.Name of deceased Margaret J. FitzgeraldIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat St John's Cemetery  
(Name of cemetery or crematory)on May 26 1971Certified by James W. O'Brien  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1941

No. 14**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

John P. Rowe

Name of deceased

James McGovernAge 10 years 11 months 26 days

Place of death

Southboro Mass.

Date of death

June 19. 1941

Cause of death

Accidental Drowning

Interment at

Del Park Cemetery Natural

Date permit issued

June 20. 1941

Certified by

Walter S. Mahoney M. D.

No. 14**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board Of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased James Mc Govern.If a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Dell Park Cemetery  
(Name of cemetery or crematory)on June 21, 1941Certified by W. A. Wilson  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1941

No. 15

## BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

Sumner L. Gage

Name of deceased

Henry Joseph BlappAge 75 years 11 months 13 days

Place of death

W. Main St., Southboro

Date of death

July 4, 1941

Cause of death

Heart disease, probably  
coronary occlusion

Interment at

Mount View Cem., Shrewsbury

Date permit issued

July 5, 1941

Certified by

Frederick W. Glidell  
Grafton Mass. M. D.

No. 15**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Henry Joseph BlappIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Mountain View Cemetery  
(Name of cemetery or crematory)on Monday July 7, 1941Certified by Walter H. Wilson, Sept.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1941

No.

16

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

B.A.-& C.E. Trips

Name of deceased

Charles J. HayesAge 87 years 4 months 16 days

Place of death

Southboro Mass.

Date of death

July 8. 1941

Cause of death

Myocarditis ChronicAterio Sclerosis ChronicReperitis

Interment at

Woodbrook Cemetery Woburn

Date permit issued

July 9. 1941

Certified by

Roland S. Newton

M. D.

No.

16

**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board Of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Charles F. Hayes.If a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Woodbrook Cemetery Woburn Mass.  
(Name of cemetery or crematory)on July 1, 1941Certified by L. Leo Loherty  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1941

No. 17

## BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

William T. Bulger

Name of deceased

George A. MooneyAge 55 years — months — days

Place of death

(Southville), Southboro

Date of death

July 10. 1941

Cause of death

Coronary ThrombosisGeneralized atrio fibrillation

Interment at

Holy Cross Cemetery, Waltham.

Date permit issued

July 11. 1941

Certified by

James Walsh M. D.

No.

17**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased George A. Wooley.If a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its terms**HOLY CROSS CEMETERY**

MALDEN, MASS.

at \_\_\_\_\_  
(Name of cemetery or crematory)on July 14, 1941Certified by Joseph J. Walsh  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

Supt.

1941

No.

18

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Matthias Hollandus

Name of deceased

Paul Otentis

Age

44

years

—

months

—

days

Place of death

New York City

Date of death

Aug 8/10 - 41

Cause of death

Drowning

Interment at

Rural Cemetery

Date permit issued

Aug 15- 1941

Certified by

M. D.

No. 18**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Paul OtentiIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.  
(Name of cemetery or crematory)on August 15, 1941.Certified by Nector M. Offutt?  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1941

No. 19**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

John J. Brown

Name of deceased

Peter J. McDermott

Age

47

years

months

days

Place of death

Marlboro Rd. Southboro

Date of death

Aug 26, '41

Cause of death

Frac. skull Auto accident

Interment at

Immaculate Conception

Date permit issued

Aug. 27, 41

Certified by

Walter F. Mahoney M. D.

No.

19**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Peter Joseph McIntyre

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Immaculate Conception Cemetery, Marlboro  
(Name of cemetery or crematory)on August 28, 1941Certified by John J. Fletcher  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1941

Remove from \_\_\_\_\_  
Lot No 6 sec 15. To Lot 50 sec 3.  
No. 20

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Walter M. Offutt

Name of deceased Margaret E. (Thompson) Onthank

Age 47 years — months — days

Place of death \_\_\_\_\_

Date of death Feb 17. 1939

Cause of death \_\_\_\_\_

Removed remains from lot No 6 Sect. 15. to  
lot No 50 Sect 3  
Interment at Rural Cemetery

Date permit issued Oct. 4. 1941

Certified by \_\_\_\_\_ M. D.

No.

20**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board Of Health  
(Office issuing permit)City or Town of Southboro, Mass. Mass.Name of deceased Margaret E. Thompson Onthank

If a U. S. War Veteran, specify what war, organization,

etc.

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Rural Cemetery Southboro, Mass.

(Name of cemetery or crematory)

on October 6, 1941.

Certified by

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



OFFICE OF  
THE CEMETERY COMMISSIONERS  
SOUTHBOROUGH, MASSACHUSETTS

October 4, 1941

Board of Health  
Southboro, Mass.

Gentlemen: Attn: Mr. James Telfer

Will you please issue a Removal Permit, to the undersigned, for the removal of the remains of Margaret E. (Thompson) Onthank from Lot No. 6, Section 15, and to remove the same to and reinter said remains in Lot No. 50, Section 3.

Authorization for this transfer has been received from the legal custodian of the remains.

Very truly yours,

THE CEMETERY COMMISSIONERS

*Walter M. Offutt*  
By: Walter M. Offutt, Supt.

1941

No. 22**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

F. A. Corkson

Name of deceased

Louis H. HarringtonAge 69 years — months — days

Place of death

Miami Fla.

Date of death

10-31-41

Cause of death

Interment at

Rural Cemetery

Date permit issued

Nov. 8. 1941

Certified by

Geo. N. MacDonell Dade County M. D.  
Miami

No. 22**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Louis H. HarringtonIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.  
(Name of cemetery or crematory)on November 8, 1941.Certified by Nathaniel M. Offutt  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

## BURIAL - REMOVAL - TRANSIT PERMIT

Place of Death:

County Dade

Precinct

City or Town MIAMI

Name of Deceased LOUIS H. HARRINGTON

Date of Death 10-31-1941 Name of Cemetery or Crematorium

Removal to: City Boston State Mass.

FLORIDA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

NUMBER OF PERMIT 2079

Age 69 Sex M Color Wh

South Borough Cemetery  
Mass.

I hereby certify that I have prepared for burial or other disposition, the body of the above named deceased strictly in accordance with the laws of the State of Florida and the Rules and Regulations of the State Board of Health of Florida governing the disposition of dead human bodies.

Firm Name John J. Skillman Funeral Home (Signature)

John J. Skillman License No 128  
(FUNERAL DIRECTOR)

A death certificate having been filed in my office, permission is hereby granted for the burial, transportation, ~~or cremation of~~  
~~or express in transit~~ (cross out words that do not apply) of the body of the above named deceased.

GEO. N. MACDONELL, M.D.  
(Signature)

Local Registrar

If the body is embalmed, the licensed embalmer is required to file an affidavit with the local registrar before Burial-Removal-Transit Permit is issued.

The Burial-Removal-Transit Permit must be delivered by the undertaker to the sexton or other person in charge of the cemetery where burial takes place. This Permit must be endorsed by the sexton and delivered within ten days to the local registrar of the district in which burial takes place. If there is no sexton in charge of cemetery, the undertaker or person acting as such shall sign the Permit as sexton, write across the face of Permit the words, "No person in charge" and return Permit to local registrar.

Body was

on , 19 , in

(STATE WHETHER BURIED, CREMATED OR PLACED IN RECEIVING VAULT)

Cemetery

City

State

(Signature)

(SEXTON OR PERSON IN CHARGE)

If Body is to be Shipped, fill out the spaces below:

Shipping Station Miami

, Florida, for Either . Name of Cemetery  
(STATE WHETHER BURIAL OR CREMATION)

(if obtainable) South Borough

at Boston

State Mass.

Consigned to

Address

I hereby certify that I permitted the shipment of the above named deceased this day of , 19

(Signature)

(TICKET AGENT OR BAGGAGEMAN OR EXPRESS AGENT)

Name of Transportation Company

1941

No.

21

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Summer C. Gage

Name of deceased

Melora Fayette <sup>Smith</sup> Randall

Age

85

years

5

months

21

days

Place of death

(Cordaville) Southboro

Date of death

Oct 22-41

Cause of death

Myocarditis Chronic

Interment at

Center Cemetery Wauham

Date permit issued

Oct 22-41

Certified by

Roland Newton

M. D.

No. .....

# BURIAL (OR REMOVAL) PERMIT

*This Coupon to be returned immediately, properly endorsed,*

to..... **Board of Health**  
(Office issuing permit)

City or Town of..... **Southboro** ..... Mass.

Name of deceased .. **Mary A. Dunn** .....

If a U. S. War Veteran, specify what war, organization, etc.  
.....

## ENDORSEMENT

*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at **Finnac - Soncyt Gem**  
(Name of cemetery or crematory)

on **Sep 20, 1947**

Certified by **J. Glennon**  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1941 No. 23**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

F. A. Cookson

Name of deceased

George Campbell

Age

84

years

3

months

3

days

Place of death

(Fayview) Southboro Mass.

Date of death

November 28, 1941

Cause of death

Fall Fract Hips

Interment at

Melrose Cemetery Brockton

Date permit issued

Dec 1, 1941

Certified by

Walter F. Mahoney.

M. D.

(1941)

No. 24**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Summer L. Gage

Name of deceased

George H. HendersonAge 82 years 5 months 25 days

Place of death

20 Pitman St., Providence, R.I.

Date of death

Dec. 12, 1941

Cause of death

Cerebral Hemorrhage

Interment at

Rural Cemetery

Date permit issued

Dec 13, 1941

Certified by

M. D.

No.

24**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased George H. HendersonIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.

(Name of cemetery or crematory)

on Dec. 14, 1941.Certified by Walter M. Offutt.

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

# REMOVAL OR BURIAL PERMIT.

The Sexton must indorse the back of this permit and return it to the City Registrar where the burial takes place on or before the fifth day of the month next succeeding.

OFFICE OF CITY REGISTRAR, PROVIDENCE, R. I.

DEC 12 1941

PERMISSION IS HEREBY GIVEN TO REMOVE THE BODY OF

George Henry Henderson for burial at Southboro Mass

Date of Death Dec 12 1941 Age 82 years 5 months 25 days

Place of Death 20 Pitman St Providence, R. I.

Cause of Death Cerebral Hemorrhage

Funeral Director J H Williams & Co

Michael J. Nestor

City Registrar

No. 21**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.

Name of deceased \_\_\_\_\_

If a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Center Cemetery  
(Name of cemetery or crematory)on Oct 23 - 1941Certified by Filas Hathaway  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1942

No.

26

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Susanna C. Gage

Name of deceased

Telford F. BabbAge 46 years 9 months 1 days

Place of death

Southboro Mass.

Date of death

April 11, 1942

Cause of death

carcinoma lungs and  
adjacent tissuecremation at Mt Auburn, Cambridge

Date permit issued

April 1942

Certified by

Roland Newton  
Westboro, Mass.

M. D.

(1942)

No. 2726**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Bond Of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Tilford F. Babb.If a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Mount Auburn Crematory  
(Name of cemetery or crematory)on April 15 1942Certified by Herbert C. Philpott  
(Signature of Superintendent, cemetery or crematory) D.L.

If there is no officer in charge, undertaker should sign and return this stub.

1942

No. 25**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

F A Cookson

Name of deceased

Anne Otto Eaton

Age

79 years 7 months 15 days

Place of death

Northboro

Date of death

April 7 1942

Cause of death

Multiflhemobolism

Interment at

Hanwell Mass.

Date permit issued

April 7 1942

Certified by

M. D.

1942 No. 29.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to William M. TigheName of deceased Margaret H. MaloyAge 87 years 10 months 14 daysPlace of death Boston Rd SouthboroDate of death April 25, 1942Cause of death Dehydration due to Intestinal ObstructionInterment at Rural cemetery SouthboroDate permit issued April 25 1942Certified by Hugh Folsom M. D.

(1942)

No.

22  
S9**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Southboro Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Margaret H. Maley

If a U. S. War Veteran, specify what war, organization, etc.

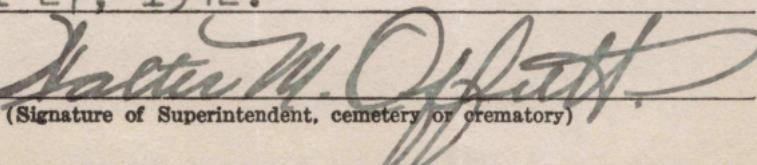
**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.  
(Name of cemetery or crematory)on April 27, 1942.

Certified by

(Signature of Superintendent, cemetery or crematory)  


If there is no officer in charge, undertaker should sign and return this stub.

1942 No. 28**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Fredrick A. CooksonMcCauleyName of deceased Barbara Walker (Fennell)Age 76 years \_\_\_\_\_ months \_\_\_\_\_ daysSouthgatePlace of death Oak Hill Rd. Fauville Sect.Date of death 4-20-42Myocardial Degeneration  
non - rheumatic.Cause of death Chronic MyocarditisInterment at Hope Cemetery WorcesterDate permit issued Apr. 20, 1942Certified by Albert E. Lemerle M. D.

No. 28**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Barbara W. M'CauleyIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its terms**Hope Cemetery.**at \_\_\_\_\_  
(Name of cemetery or crematory)on \_\_\_\_\_  
**APR 22 1942**Certified by Oscar F. Burbank  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1942

No.

2727

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

W. M. Tighe

Name of deceased

Adal (Harvey) Harris

Age 87 years 10 months days

Place of death

Southboro Mass.

Date of death

April 11. 1942

Cause of death

Arterio sclerosis Chronic myocarditis

Interment at

Rural Cemetery

Date permit issued

April 13. 1942

Certified by

C. W. Smith

M. D.

No. 28**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Ada (Harvey) HarrisIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Rural Cemetery, Southborough, Mass.  
(Name of cemetery or crematory)on April 14, 1942Certified by Walter M. Offutt

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1942

1942

No.

30

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Edw. L. Merrill  
Name of deceased Bertha (Hunter) Richardson

Age 67 years 5 months 6 days

Place of death Main St Southboro

Date of death May 21, 1942

Cause of death Cerebral hemorrhage

Interment at Brookside, Cam. Stow

Date permit issued May 21, 1942

Certified by David D Shar M. D.

No. \_\_\_\_\_

30**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass., Mass.Name of deceased Bertha RichardsonIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Brookside Cemetery  
(Name of cemetery or crematory)on May 24 '42Certified by Alvin A. Fletcher  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1942

No.

34**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Sumner L. Gage

Name of deceased

Harry Winfield GageAge 73 years 5 months 25 days

Place of death

Lisquama Rd.

Date of death

June 7, 1942Fibrosarcoma of rt biceps with

Cause of death

metastases to lungs

Interment at

Rural Cemetery

Date permit issued

June 8, 1942

Certified by

David J. SheeMarlboro

M. D.

No. 34**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Harry Winfield SawyerIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.  
(Name of cemetery or crematory)on June 9, 1942.Certified by Walter M. Offutt.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1942 No. 35**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Frank J. FoleyName of deceased Frederick Andrew CarpenterAge 66 years 6 months 22 daysPlace of death Keene N.H.Date of death June 8, 1942

Cause of death \_\_\_\_\_

Interment at Rural CemeteryDate permit issued June 11, 1942

Certified by \_\_\_\_\_ M. D.

No.

35**BURIAL (OR REMOVAL) PERMIT****This Coupon to be returned immediately, properly endorsed,**to Southboro Board of Health  
(Office issuing permit)City or Town of Southborough, Mass.Name of deceased Frederick Andrew CarpenterIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.

(Name of cemetery or crematory)

on June 11, 1942,Certified by Natalie M. Offutt

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

## NEW HAMPSHIRE



Burial Permit No. ....

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

## BURIAL—TRANSIT PERMIT

City or  
Town of ..... Keene.....

Full name of deceased ..... Frederick Andrew Carpenter

Place of death ..... Keene Cheshire New Hampshire  
(Town or City) (County) (State)Date of death ..... June 8 1942 Color White Sex Male Age ..... 66-8-22  
(Yr. Mo. Days)Method of disposal ..... Burial Rural Cemetery  
(Whether burial, cremation, transportation, storage, etc.) (Cemetery or Crematory)

Town or City ..... Southboro County ..... Middlesex State ..... Massachusetts

A certificate of death having been filed as required by the laws of this State, permission is hereby given  
 to ..... Frank J. Foley ..... Address ..... Keene, New Hampshire  
 (Funeral Director)

to dispose of body of said deceased as above stated.

Dated at ..... Keene, New Hampshire this ..... 10th day of ..... June 19 42.  
 (Address)

Signature ..... *Elmer B. Chamberlain*

(Town Clerk, Sub-Registrar, Agent City Board of Health)

## CEMETERY OR CREMATORIAL AUTHORITY SHALL FILL OUT SPACE BELOW

Body was ..... on ..... 19 ..... in .....  
 (State whether cremated, buried, stored, etc.) (Cemetery or Crematory)

Place ..... Signature .....  
 (Sexton or person in charge)

Form BT-1

SEE OTHER SIDE

This permit after being signed by the Sexton or person in charge (or by the Funeral Director where there is no sexton) must be returned within six days to the Clerk of the town in which the burial takes place.

1942 No. 36**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

William M. Tighe

Name of deceased

Susan Maria StoneAge 91 years 11 months \_\_\_\_\_ days

Place of death

Southboro Mass.

Date of death

June 22 - 1942

Cause of death

(Altaic sclerosis)

Interment at

Rural Cemetery

Date permit issued

June 22 - 1942

Certified by

Fredrik D Gould M. D.

No.

36**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of southboro Mass.Name of deceased Susan M. StoneIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.  
(Name of cemetery or crematory)on June 23, 1942Certified by Kathleen M. O'leary  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1942

No. 37**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

John J. Brown

Name of deceased

William J. Bagley

Age

55

years

—

months

—

days

Place of death

Southboro Mass.

Date of death

July 7, 1942

Cause of death

Ch. myocarditis

Interment at

Rural Cemetery

Date permit issued

July 9 1942

Certified by

Raymond A. Johnson

M. D.

No. 37**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased William J. Bagley

If a U. S. War Veteran, specify what war, organization, etc.

World War Corp 101st Regt. 26th**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.  
(Name of cemetery or crematory)on July 9, 1942.Certified by Walter M. Offutt  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1942No. 38

## BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

Sumner L. Gage

Name of deceased

Harry W. Young

Age

70

years

9

months

4

days

Place of death

Southboro Latisquama Rd.

Date of death

July 10, 1942

Cause of death

Mitral regurgitation

Interment at

Rural

Date permit issued

July 11, 1942

Certified by

Roland S. Newton M. D.

**BURIAL (OR REMOVAL) PERMIT****This Coupon to be returned immediately, properly endorsed,**to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Harry W. YoungIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.  
(Name of cemetery or crematory)on July 13, 1942.Certified by Walter M. Offutt Jr.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1942

No. 39**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

T. G. Callanant & Son  
(Hopkinton)

Name of deceased

Clara A. O'NeillAge 61 years — months — days

Place of death

Southboro

Date of death

July 16, 1942

Cause of death

Cancer of liver

Interment at

Rural Cemetery

Date permit issued

July 17, 1942

Certified by

Roland S. Newton

M. D.

No.

39

**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Clara A. O'NeillIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.  
(Name of cemetery or crematory)on July 20, 1942.Certified by Walter M. Offutt  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1942

No. 40**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Wm m Tighe

Name of deceased

Ellen (Goodnow) Richards

Age

89 years 11 months 17 days

Place of death

Southboro

Date of death

July 17 1942

Cause of death

Arteria Sclerosis

Interment at

Rural Cemetery

Date permit issued

July 17 1942

Certified by

C. W. Smith

M. D.

No. 40**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to \_\_\_\_\_

(Office issuing permit)

City or Town of Southboro Mass.Name of deceased Ellen Goodnow RichardsIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.

(Name of cemetery or crematory)

on July 19, 1942.Certified by Walter W. Offutt.

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1942

No. 41**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

F.H. Cookson

Name of deceased

Ida L. HinckleyAge 88 years 0 months 0 days

Place of death

Southboro

Date of death

Aug 2 1942

Cause of death

Senile arteriosclerosis

Interment at

Fox Hill Boston

Date permit issued

Aug 3 1942

Certified by

M. D.

No. 41**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Bureau of Health  
(Office issuing permit)City or Town of Auburn Mass. Mass.Name of deceased Dora L. HinckleyIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat CREMATORIAL OF FOREST HILLS CEMETERY  
(Name of cemetery or crematory)on AUG 4-1942 AUG 4-1942Certified by Henry S. Adams  
(Signature of Superintendent, cemetery or crematory) per hit

If there is no officer in charge, undertaker should sign and return this stub.

1942

No.

42

## BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

Wm m Tighe

Name of deceased

Ducella Chickerling nee LennesonAge 88 years 11 months \_\_\_\_\_ days

Place of death

Parkerville Rd

Date of death

Sept 16 1942

Cause of death

myocarditis chronic arteria sclerosis

Interment at

Rural Sunflower

Date permit issued

Sept 19 1942

Certified by

Roland Newton M. D.

No.

42

**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Sucella Chichester nee RemondIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Rural Cemetery, Southborough, Mass.  
(Name of cemetery or crematory)on September 20, 1942.Certified by Walter M. Offutt.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1942

No. 43**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Sumner L. Gage

Name of deceased

Edward Chester WellsAge 66 years 9 months 6 days

Place of death

Flagg Rd

Date of death

October 3

Cause of death

Sudden death presumablycoronary sclerosis

Interment at

Rural Cemetery

Date permit issued

Oct 4, 1942

Certified by

Walter J. Mahoney

M. D.

No. 43**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Edward Chester Wells.If a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Rural Cemetery, Southborough, Mass.  
(Name of cemetery or crematory)on October 5, 1942Certified by Walter M. Offutt  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1942

No.

44

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

J. A. Cookson

Name of deceased

Charles C. Lowell

Age

45

years

3

months

29

days

Place of death

Natick Mass.

Date of death

Oct 13. 1942

Cause of death

Hemorrhage due to ruptured  
varies of the stomach

Interment at

Rural Cemetery

Date permit issued

Oct. 16. 42

Certified by

Isadore Cohen F. D. M. D.  
Station Hospital

No. 4**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Charles C. Howell

If a U. S. War Veteran, specify what war, organization, etc.

World War 1 & 2**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.

(Name of cemetery or crematory)

on October 17, 1942Certified by Master M. Offutt  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1942

No.

47

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Burson & MorinName of deceased Charles H. MorinAge 76 years 11 months 6 daysPlace of death Parkerville Rd.Date of death Nov. 2 - 1942Cause of death Arterio SclerosisInterment at Rural CemeteryDate permit issued Nov. 3 - 1942Certified by Dr. G. E. Le Marre M. D.

No.

47**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southborough, Mass.Name of deceased Charles H. MorinIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Rural Cemetery, Southborough, Mass.  
(Name of cemetery or crematory)on November 5, 1942Certified by Natalia M. Offutt?  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

# L'UNION SAINT-JEAN-BAPTISTE D'AMÉRIQUE

A FRATERNAL SOCIETY FOR AMERICANS OF FRENCH DESCENT



EXECUTIVE COMMITTEE  
1937-1941

HENRI T. LEDOUX, PRESIDENT  
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PAWTUCKET, R. I.  
EUGENE L. JAUBERT, LEGAL ADVISER  
WOONSOCKET, R. I.



HOME OFFICE: WOONSOCKET, R. I.

November 12, 1942

Mrs. Valérie Payne, Sec. 80,  
104 River Street,  
Hudson, Mass.

Dear Madam:

You will find enclosed death certificate of Charles H. Morin. You will notice that this document is not signed by the health officer nor the registrar; therefore, this certificate is not considered official. Please have this document signed by proper authorities, and return to this office.

We will not be able to comply with your wishes and return the death certificate to you. This document constitutes the official proof of a death and must remain in the office.

Thanking you for your cooperation in this case, we beg to remain,

Yours truly,

L'UNION SAINT-JEAN-BAPTISTE D'AMÉRIQUE

Per *Bertha G. Berrouet*



BGH

1942

No. 48

## BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

Wm m Tigh

Name of deceased

Dizzie E(Pintiss) HydeAge 84 years 1 months 10 days

Place of death

Pintiss st

Date of death

Nov 3 1942

Cause of death

Kremia

Interment at

Rural Sunnyside

Date permit issued

Nov 4. 1942

Certified by

Hugh Folsom M. D.

No. 48**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Lizzie E. {Prentiss} HydeIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Rural Cemetery, Southborough, Mass.  
(Name of cemetery or crematory)on November 5, 1942.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Certified by Natalie M. Oftutt.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1942

No. 49**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Summers L. Gage

Name of deceased

Eleanor TellerAge 83 years 3 months 0 days

Place of death

E Main St., Southboro

Date of death

Dec 4, 1942

Cause of death

Myocarditis chronic

Interment at

Rural Cemetery

Date permit issued

Dec 6, 1942

Certified by

Roland Newton M. D.  
Wistboro Mass.

No. 49**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Southboro Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Eleanor TelferIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Rural Cemetery, Southborough, Mass.  
(Name of cemetery or crematory)on December 7, 1942.Certified by Walter W. Nutt.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1942

No. 50**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

H. L. Richardson48 Lafayette Park Lynn.

Name of deceased

Kate (Caine) Seaton

Age

68

years

1

months

2

days

Place of death

Southboro Mass.

Date of death

December 27-1942

Cause of death

General Atrio SclerosisHypertensive Heart DiseaseInterment at Swampscott Cemetery (Swampscott)

Date permit issued

December 27. 1942

Certified by

R. A. Johnson. Weston M. D.  
Mass

No. \_\_\_\_\_

50

**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass Mass.Name of deceased Hate (Paine) SeatonIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Swampscott  
(Name of cemetery or crematory)on Dec 29<sup>th</sup> 1942Certified by Thomas Handley Suff  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1942 No. 51

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Summer C. Gage

Name of deceased

Robert W. SchwareAge 81 years 6 months 16 days

Place of death

Southboro Mass.

Date of death

December 27-1942

Cause of death

Arterio Sclerosis (Heart)  
disease

Interment at

Rural Cemetery (Southboro)

Date permit issued

December 27, 1942.

Certified by

Walter F. MahoneyWestboro Mass.

M. D.

No. 51**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to

Board of Health  
(Office issuing permit)City or Town of Southboro Mass. Mass.Name of deceased Robert W. Schuare.If a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Rural Cemetery, Southborough, Mass  
(Name of cemetery or crematory)on December 29, 1942Certified by Walter M. Abbott.

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 5**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed.

to

Board of Health

(Office issuing permit)

City or Town of

Southboro

Mass.

Name of deceased

Miss Hannah G. Bugley

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southborough, Mass.

(Name of cemetery or crematory)

on January 3, 1943.

Certified by

Walter M. Offutt

(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

(1943)

No. 1**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Wm. M. Tighe

Name of deceased

Susan E. (Mann) Sanders

Age

89

years

-

months

-

days

Place of death

(Southville) Southboro Mass.

Date of death

Feb. 15. 1943

Cause of death

Gen. Arterio Sclerosis (Arterio  
stenosis Heart disease

Interment at

Rural Cemetery

Date permit issued

Feb. 15. 1943

Certified by

Walter F. Mahoney.

M. D.

(1943)

No. 1.**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Lillian E. Mann. SandersIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsEntombed - to be interred elsewhere  
in the Spring, (Rural Cemetery)  
at \_\_\_\_\_

(Name of cemetery or crematory)

on February 17, 1943.Certified by Hector M. Offutt.

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1943

(1943.)

No. 3.**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Sumner L. Gage

Name of deceased

Adelaide L. DryeAge 68 years 10 months 8 days

Place of death

Main St.

Date of death

March 3, 1943

Cause of death

Myocarditis chronic

Interment at

Rural

Date permit issued

March 5, 1943

Certified by

RolandNewtonM. D.Westboro Mass

No. 3**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Adelaide L. KryeIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.  
(Name of cemetery or crematory)on March 6, 1943.

Certified by

(Signature of Superintendent, cemetery or crematory)  
Walter M. Offutt.

If there is no officer in charge, undertaker should sign and return this stub.

1943 No. ✓**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Geo. H. Gregg & Son

Name of deceased

Theodore Olson

Age

73 years — months — days

Place of death

Southboro

Date of death

Mar. 8, 1943

Cause of death

Carcinoma Prostate  
gland

Interment at

Watertown, Mass.

Date permit issued

Mar. 8, 1943

Certified by

P. P. S. Newton M. D.

No. \_\_\_\_\_

## BURIAL (OR REMOVAL) PERMIT

This Coupon to be Returned Immediately, properly endorsed,

to \_\_\_\_\_  
(Office issuing permit)

City or Town of Southboro (Southville) Mass.

Name of deceased Theodore Olson

If a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_

### ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its terms

at Ridgeclawn Watertown  
(Name of cemetery or crematory)

on March 11 - 1943.

Certified by Van A. Horton, Supt.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1943

(1943)

No. 2**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Vernon E. Morrissey (Hopkinton)

Name of deceased

Sarah A. Brett Lightfoot

Age 98 years 2 months — days

Place of death

Southboro Mass.

Date of death

Feb 14. 1943

Cause of death

Arturio Scherzer Heart Disease

Interment at

Mt. Auburn Hopkinton Mass.

Date permit issued

Feb. 15. 1943.

Certified by

Walter F. Mahoney.

M. D.

No.

3

**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass. Mass.Name of deceased Sarah A. Buck Reighton.If a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat City. Auburn Cemetery, Hopkinton, Mass.  
(Name of cemetery or crematory)on April 30, 1943Certified by Albert E. Boyne  
(Signature of Superintendent, cemetery or crematory) Caretaker

If there is no officer in charge, undertaker should sign and return this stub.

1943

No. 7

## BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

Dwight H. Harper

Name of deceased

Ardell D. Stone

Age

87

years

11

months

10

days

Place of death

Southboro

Date of death

Mar. 3, 1943

Cause of death

Arteriosclerotic heart disease.

Interment at

Hampden, Maine

Date permit issued

March 5, 1943

Certified by

Natalie F. Mahoney. M. D.

1943

No.

6

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Wm M Tighe

Name of deceased

Ellen { O'Connell } SalmonAge 70 years \_\_\_\_\_ months \_\_\_\_\_ days

Place of death

Lyman St Southbr

Date of death

March 13 1943

Cause of death

Mitral Regurgitation  
Congestive Heart Failure

Interment at

Marlboro Mass

Date permit issued

March 15 1943

Certified by

F.J. Speciaisy (Marlboro)

M. D.

1943 No. 2**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

John P. Rowe

Name of deceased

John J. Hogan

Age

70 years    months    days

Place of death

Bakers Rest Home

Date of death

April 13, 1943

Cause of death

Cerebral Hemorrhage

Interment at

Immaculate Conception  
Mortuary

Date permit issued

April 15, 1943

Certified by

John J. Collins M. D.

**BURIAL (OR REMOVAL) PERMIT****This Coupon to be returned immediately, properly endorsed,**to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased John J. HoganIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Immaculate Conception Cemetery, Marboro  
(Name of cemetery or crematory)on April 16, 1943Certified by John J. Fletcher  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1943

8

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Summer L. Gage

Name of deceased

Frederick Brown GleasonAge 90 years 7 months            days

Place of death

Melendy Rest Home

Date of death

May 1, 1943

Cause of death

BronchopneumoniaInterment at Maplewood Cemetery  
Marlboro, Mass.

Date permit issued

May 1, 1943

Certified by

Roland Newton

M. D.

No. 8**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Frederick B. GleasonIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Maplewood  
(Name of cemetery or crematory)on May 4 1943Certified by Gordon R. Hamilton  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1943

No. 189**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Elmer E. Morrell

Name of deceased

Emeline Bleasby (nee Blood)

Age

97

years

11

months

days

Place of death

Balser Rest Home Southboro

Date of death

May 19, 1943

Cause of death

Coronary OcclusionArterio Sclerosis

Interment at

Bellevue Lawrence, Mass.

Date permit issued

May 19, 1943

Certified by

Roland S. Newtons

M. D.

No. 9**BURIAL (OR REMOVAL) PERMIT****This Coupon to be returned immediately, properly endorsed,***James F. Telfer*  
to Southboro, Mass.  
(Office issuing permit)

City or Town of \_\_\_\_\_ Mass.

Name of deceased Emeline Bleasby (nee Blood)If a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Bellvue  
(Name of cemetery or crematory)on May 22, 1943Certified by John H. Cross & Sons  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1943

No.

10

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Frederick A. CooksonName of deceased Nathan Frederick WedsworthAge 83 years 1 months 17 daysPlace of death SouthboroughDate of death May 20, 1943Cause of death Chronic MyocarditisInterment at W. Auburn Cemetery, HopkintonDate permit issued May 22, 1943Certified by oland Newton M. D.  
Westboro

No. 9**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Nathan F. WadsworthIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Mt. Auburn Cemetery, Hopkins, Mass.  
(Name of cemetery or crematory)on May 22, 1943Certified by Albert E. Boyne, Caskets  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1943

No. 10

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

W. M. Offutt

Name of deceased

Alice R. Winchester

Age

79 years — months — days

Place of death

Highland Hosp. N.C.

Date of death

May 9, 1943

Cause of death

Chronic Myocarditis

Interment at

Rural Cemetery

Date permit issued

June 17 - 1943

Certified by

R. Charnian Correll  
N.C.

M. D.

No. 11**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

**BOARD OF HEALTH**

to \_\_\_\_\_

(Office issuing permit)

City or Town of SOUTHBOROUGH Mass.Name of deceased (Mrs) Alice L. WinchesterIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.

(Name of cemetery or crematory)

on June 16, 1943.Certified by J. M. Offutt

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

MRS. GODFREY BRINLEY  
SOUTHBOROUGH, MASSACHUSETTS

6/14/43

Dear Mr. Telfer -

I would like to get a  
funeral permit for Mrs. Winchester's  
ashes. I enclose the death certificate.  
As I hope to have the funeral  
tomorrow, I would appreciate -  
getting the certificates at once -

Yours sincerely

Mrs. Brinley

## DEATH CERTIFICATE

Registration No. 11-95  
Certificate No. 286City Asheville County Buncombe State N.C.Name of deceased Alice L. Winchester (Mrs) Col white Sex FemaleDate of birth 1864 Date of death May 9, 1943 Age 79 yrs 0 mos 0 daysPlace of death Highland Hosp Former residence Boston, Mass.Name of father not known Name of mother not knownCause of death Chronic Myocarditis Physician R. Charman, Carroll M.D.

I, Mae McFee, Registrar of Vital Statistics, Asheville, N.C.  
do hereby certify that the above is a true copy of the information  
contained in the death record of Alice L. Winchester as filed in  
the Asheville Health Department 5/14/43.

Witness my hand and official seal this the 2 day of June 1943

Mae McFee  
Registrar of Vital Statistics



OFFICE OF  
**THE CEMETERY COMMISSIONERS**  
**SOUTHBOROUGH, MASSACHUSETTS**

July 5, 1943.

Board of Health

Southboro, Mass.

Gentlemen: Attn. - Mr. James Telfer

Will you please issue a permit to disinter the remains of Mrs. Hannah T. Kriss from Grave 9, Lot 18, Sec. 13, for the purpose of transferring the same from the Pine Box now in use to a Concrete Vault and reintering in the above named grave,

We have received authorization for this transfer from the representative of the legal custodian of the remains.

Very truly yours,

THE CEMETERY COMMISSIONERS

*Walter M. Offutt*  
By: Walter M. Offutt, Supt.

No. 13

*Disinter & Reintering Permit*  
**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

**BOARD OF HEALTH**

to \_\_\_\_\_

(Office issuing permit)

City or Town of SOUTHBOROUGH Mass.Name of deceased Hannah T. KrissIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.  
(Name of cemetery or crematory)on July 8, 1943Certified by Walter M. Afflett  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1943

14

No.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Summer C. Gage

Name of deceased

William E. Wentworth

Age

59

years

1

months

29

days

Place of death

Southboro Mass.

Date of death

July 13, 1943

Cause of death

Chronic Myocarditis

Interment at

Reural Cemetery

Date permit issued

July 15, 1943

Certified by

Walter F. Mohoney  
Westboro

M. D.

**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

BOARD OF HEALTH

to \_\_\_\_\_

(Office issuing permit)

SOUTHBORO

City or Town of \_\_\_\_\_ Mass.

Name of deceased William C. WentworthIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.

(Name of cemetery or crematory)

on July 15, 1943.Certified by Walter M. Offutt

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

15

1943

No.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Wm M. TigheName of deceased Andrew W. FitzgeraldAge 77 years 11 months  daysPlace of death Marlboro Rd SouthboroDate of death July 23, 1973Cause of death Chronic RhinophymatousInterment at Immaculate Conception MarlboroDate permit issued July 23, 1943Certified by C. W. Smith M. D.

**BURIAL (OR REMOVAL) PERMIT****This Coupon to be returned immediately, properly endorsed,****BOARD OF HEALTH**

to \_\_\_\_\_

(Office issuing permit)

**SOUTHBURY**

City or Town of \_\_\_\_\_ Mass.

Name of deceased \_\_\_\_\_

If a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Innaculate Cremation Cen. Wall  
(Name of cemetery or crematory)on July 26, 1943Certified by John F. Fleeter  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

16

1943  
No.**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Henry A Harpin

Name of deceased

Frank (White) Leblanc

Age 79 years months 10 days

Place of death

Baker Rest Home Southboro

Date of death

Aug 24 1943

Cause of death

Arterio-Sclerosis

Interment at

St Mary's Marlboro

Date permit issued

August 24 1943

Certified by

Roland S Newton

M. D.

17

1943

No.

## BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Vernon E. MorrellName of deceased John C. StoneAge 71 years — months 10 daysPlace of death Baker Rest Home  
Southborough, Mass.Date of death Aug. 30, 1943Cause of death Myocarditis - Chronic  
Atherosclerosis - ChronicInterment at Mount Auburn - Hopkinton  
Mass.Date permit issued Sept 1, 1943Certified by Roland S. Newtons M. D.

17

**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

**BOARD OF HEALTH**

to \_\_\_\_\_

(Office issuing permit)

**SOUTHBOSTON**

City or Town of \_\_\_\_\_ Mass.

Name of deceased

John C. Stone

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Aylt. Auburn Cemetery, Hopkinton, Mass.  
(Name of cemetery or crematory)on September 2, 1943Certified by Albert E. Boyne, Undertaker  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1943

No. \_\_\_\_\_

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Drury A. Harper

Name of deceased

Clara A. Babbitt

Age

68

years

9

months

11

days

Place of death

Southbend, Mass.

Date of death

Sept. 16, 1943

Cause of death

apoplexy cerebral  
arteriosclerosis, obs.

Interment at

Southbend, Mass.

Date permit issued

Sept. 28, 1943

Certified by

Roland S. Newton M. D.

**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to BOARD OF HEALTH  
(Office issuing permit)

City or Town of SOUTHBORO Mass.

Name of deceased Clara A. Babbitt

If a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.

(Name of cemetery or crematory)

on September 29, 1943.

Certified by Walter W. Odell

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

19

1943

No.

IP

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Summer C. Gage

Name of deceased

James W. Robbins

Age 59 years 9 months 6 days

Place of death

Boston Road

Date of death

Sept 28, 1943

Cause of death

Peri phagia spastic

Interment at

Rural Cemetery

Date permit issued

Sept 29, 1943

Certified by

Roland Newton

M. D.

No. \_\_\_\_\_

**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

**BOARD OF HEALTH**

to \_\_\_\_\_

(Office issuing permit)

**SOUTHBORO**

City or Town of \_\_\_\_\_ Mass.

Name of deceased James W. RobbinsIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.

(Name of cemetery or crematory)

on September 30, 1943Certified by Walter M. Offutt.

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

20

1943

No. \_\_\_\_\_

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Sumner C. Gage

Name of deceased

Elgen J. Rowe

Age 73 years 0 months 23 days

Place of death

Deerfoot Rot

Date of death

Oct 9, 1943

Cause of death

Sudden death, presumably  
coronary sclerosis

Interment at

Rural Cemetery

Date permit issued

Oct 11, 1943

Certified by

M. D.

No. 5164

20

**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

**BOARD OF HEALTH**

to \_\_\_\_\_

(Office issuing permit)

**SOUTHBORO**

City or Town of \_\_\_\_\_ Mass.

Name of deceased

*Elgen J. Rowe*If a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.

(Name of cemetery or crematory)

on October 12. 1943Certified by *Walter W. O'Neill*

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

21

1943 No.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to S. Standish StephensonName of deceased John Henry LasAge 73 years 10 months 13 daysPlace of death Southboro  
Latin Guama StDate of death Oct. 13<sup>th</sup> 1943Cause of death arterial sclerosisHeart diseaseInterment at Northboro - MassDate permit issued Oct 14<sup>th</sup> 1943

Certified by \_\_\_\_\_ M. D.

**BURIAL (OR REMOVAL) PERMIT****This Coupon to be returned immediately, properly endorsed,****BOARD OF HEALTH**

to \_\_\_\_\_

(Office issuing permit)

City or Town of **SOUTHBORO** Mass.Name of deceased John DouglasIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Howard St. Cemetery, Southboro, Mass.  
(Name of cemetery or crematory)on October 16, 1949Certified by S. S. Stephenson, Super.  
(Signature of Superintendent, cemetery, or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1943

22

No. \_\_\_\_\_

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Cunningham Funeral Service

Name of deceased

Annie E (Quigley) McCloskyAge 71 years 6 months 23 days

Place of death

Layville Mass.

Date of death

October 22, 1943

Cause of death

Heart Disease      Arterio  
Coronary Disease      Sclerosis

Interment at

Rural Cemetery

Date permit issued

Oct 24, 1943

Certified by

Roland Newton

M. D.

No. \_\_\_\_\_

22

**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

**BOARD OF HEALTH**

to \_\_\_\_\_

(Office issuing permit)  
**SOUTHBORO**

City or Town of \_\_\_\_\_ Mass.

Name of deceased Mr. Annie E. (Quigley) McCloskeyIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.

(Name of cemetery or crematory)

on October 25, 1943Certified by Nathaniel M. Offutt

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

23

1943

No. \_\_\_\_\_

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

William M. Tighe

Name of deceased

Mrs Colasta (Recci) Phillips

Age 62 years months days

Place of death

Southboro Mass.

Date of death

November 8, 1943

Cause of death

Cerebral hemorrhage

Interment at

Rural cemetery Southboro

Date permit issued

November 9, 1943

Certified by

Walter Mahoney

M. D.

No. \_\_\_\_\_  
23**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

**BOARD OF HEALTH**

to \_\_\_\_\_

(Office issuing permit)

**SOUTHBOROUGH**

City or Town of \_\_\_\_\_ Mass.

Name of deceased Colasta (Ricci) PhillipsIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Rural Cemetery, Southborough, Mass.  
(Name of cemetery or crematory)on November 10, 1943.Certified by Walter M. Offutt

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

~~1943  
1948~~No. 241

## BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Summer C. GageName of deceased Charles O. MisnerAge 78 years 4 months 9 daysPlace of death Winchester St. SouthboroDate of death Dec 7 1943Cause of death coronary occlusionInterment at Rural CemeteryDate permit issued Dec. 9, 1943Certified by Roland Newton M. D.

No. 1 27**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health

(Office issuing permit)

City or Town of Southboro Mass.Name of deceased Charles O. MisenerIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.

(Name of cemetery or crematory)

on December 10, 1943.Certified by Walter M. Offutt  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1948

No. 252**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

John A. Norton

Name of deceased

Harriet Warden LowellAge 72 years — months — daysPlace of death 812 Park Ave Manhattan NY

Date of death

Dec 13, 1943

Cause of death

(?)

Interment at

Burnett Cemetery

Date permit issued

Dec 28 '43

Certified by

C.W. Lynn (Manhattan NY M.D.)

No. **27154**

## DEPARTMENT OF HEALTH OF THE CITY OF NEW YORK

This permit must be handed to  
the Keeper of the Cemetery or  
Crematory by the Funeral Director  
in charge of the funeral.

## BURIAL—CREMATION—TRANSPORTATION PERMIT

New York,

**DEC 13 1943**

194

The Certificate of Death having been furnished to this Department, as required by the Sanitary Code, permission is  
hereby given to *Walter H. Wilbain* of *152-8-7469*

to remove the remains of *Harriet Warden Lowell* Aged *72* Yrs. Mo. Days,

who died at *812 Park Ave* Borough of *Manhattan*

City of New York, on *DEC 13 1943*, 19, from *HOME AND STORE*

*Cremation\** on *DEC 16 1943*, 19, M.D.  
for Burial\* at *Burnett cem*

*Southboro, Mass*

*C. W. LYNN, M.D.*

Assistant Registrar of Records.

Per

\* Cross out one.

No. 252**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Harriet Warden LowellIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit  
was disposed of in accordance with its termsat Burnett Park Cemetery, Southboro, Mass.

(Name of cemetery or crematory)

on December 16 1943Certified by Nathaniel Offutt  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.